MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02118

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN nr. Trappe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN nr. Trappe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Adams Jr.

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 20, 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY: followed the water

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James E. Adams

14. MOTHER'S MAIDEN NAME: Mary Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-07-3206

17. INFORMANT & ADDRESS: Mrs. Carroll Adams.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 481 X

Immediate cause (a) Coronary occlusion

~~DUE TO~~

Antecedent cause(s) (b) Influenza

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 wk

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended the deceased from~~ ....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6 11 A m., from the causes and on the date stated above.

SIGNATURE Louis Pretty MD (DEGREE OR TITLE) DMG ADDRESS Easton Md DATE SIGNED 2-10-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2-12-53

NAME OF CEMETERY OR CREMATORY Landing Neck

LOCATION (City, town, or county) Easton, Talbot (State) MD.

DATE REC'D BY LOCAL REG. 2/11/53

REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR Maurice E. Newman ADDRESS Son.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02119

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Easton; LENGTH OF STAY (in this place) 2da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Barrett

4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: May 28, 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr John Crowley

14. MOTHER'S MAIDEN NAME: Margaret Maloney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Alice B. Fowler, Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.2

Immediate cause (a) Acute Peritonitis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Mesenteric Thrombosis

DUE TO

(c) Atrial Thrombosis

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:30 pm, from the causes and on the date stated above.

SIGNATURE Edward C. Schmidt M.D. (Degree or Title) ADDRESS Easton Memorial Hosp DATE SIGNED Feb 19 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF Feb 20, 1953

NAME OF CEMETERY OR CREMATORY Phila. Pa

LOCATION (City, town, or county) (State) Philadelphia, Penna.

DATE REC'D BY LOCAL REGISTRAR 2/19/53

REGISTRAR'S SIGNATURE M. H. Meeres

24. FUNERAL DIRECTOR J. Virgil Moore Son

ADDRESS Denton, Md.

RECEIVED
FEB 24 1953
BUREAU V. S.

Age queried FilmG150 2/9/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02247

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Royal Oak
LENGTH OF STAY (in this place): 58
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Royal Oak
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED: (Type or Print) (First) Lula (Middle) Elizabeth (Last) Bedsworth

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 15, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Faulkner

14. MOTHER'S MAIDEN NAME: Elizabeth Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No.

17. INFORMANT & ADDRESS: William Bedsworth, Royal Oak, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

446 X

Immediate cause (a) Acute Uremia — Interval Between Onset and Death: Since June

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterial Hypertension — 1952 to

DUE TO

(c) Arteriosclerotic Nephritis — Feb. 2, 1953

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY: Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: No injury M.

INJURY OCCURRED While at work ☐ Not at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1952, to Feb. 2, 1953, that I last saw the deceased alive on Dec 22, 52, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS St. Michaels, Md DATE SIGNED 2.2.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 4, 1953

NAME OF CEMETERY OR CREMATORY: Olivet Cemetery

LOCATION (City, town, or county) (State): St. Michaels Md.

DATE REC'D BY LOCAL REGISTRAR: Feb. 3, 1953

REGISTRAR'S SIGNATURE: Mrs Ruth R. Leith

24. FUNERAL DIRECTOR ADDRESS: Norman D. Marshall

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 5 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02121

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAVITT
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAVITT
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED: (Type or Print) (First) W. (Middle) ALVA (Last) BRIDGES

4. DATE OF DEATH: (Month) FEB (Day) 21 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: DEC. 25 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAXIE SERVICE
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): NEAVITT, TALBOT CO. M.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. PERRY BRIDGES
14. MOTHER'S MAIDEN NAME: IDA JAMES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Alva Bridges, Neavitt Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial infarction	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) chronic cardiac failure	-1-2 yrs.
	DUE TO (c) arteriosclerotic cardio-vascular d.	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from none 19....., to none 19....., that I last saw the deceased alive on 2-21, 1953, and that death occurred at 6:10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Guy M Reeser Jr MD St Michaels Md 2-23-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2/24/53
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) (State) St. Michaels Md

DATE REC'D BY LOCAL REG. Feb. 24, 53
REGISTRAR'S SIGNATURE Mrs Robt K. Seth
24. FUNERAL DIRECTOR S. Hambleton Harrison, ADDRESS St. Michaels Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 26 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02122

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Butler
4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1953

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Mandy Montgomery

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John Handy Cordova Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

491X
Immediate cause (a) Broncho pneumonia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Feb 1953, to 13 Feb, 1953, that I last saw the deceased alive on 13 Feb, 1953, and that death occurred at 1 50 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Newton Hanson M.D. ADDRESS Cordova Maryland DATE SIGNED 15 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-15-53
NAME OF CEMETERY OR CREMATORY New Town Cemetery
LOCATION (City, town, or county) Cordova (State) Md.
DATE REC'D BY LOCAL REGISTRAR 2/14/53
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR James B. Oakhill, ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels
STREET ADDRESS (If rural, give location): 2-15-53

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) F. (Last) Caulk, Sr
4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 15, ~~1860~~ 1859
9. AGE last birthday: 93 yrs. — If under 1 year: Months 4, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Talbot County - Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Caulk
14. MOTHER'S MAIDEN NAME: Mary Donovan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: No Number
17. INFORMANT AND ADDRESS: Susie Caulk - St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 3 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic cardiovascular — years

(c) Extreme age

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to 15 Feb. 1953, that I last saw the deceased alive on 15 Feb., 1953, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. St Michaels Md 2-15-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/17/53
NAME OF CEMETERY OR CREMATORY: Olivet Cemetery
LOCATION (City, town, or county) (State): St. Michaels - Talbot - Maryland

DATE REC'D BY LOCAL REG.: Feb 16, 53
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Norman D. Marshall — ADDRESS: St. Michaels - Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12121

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ...ce is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: St. Michaels
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 W Chestnut St.

2. USUAL RESIDENCE (HOME) OF DECEASED: St Michaels
STATE Md. COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural give location) 107 W Chestnut St.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) B (Last) Chaney

4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 9/14/76

9. AGE last birthday: 76 yrs. IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): BALTIMORE Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GRAHAM ACTON

14. MOTHER'S MAIDEN NAME: UNKNOWN.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs Arthur Y. Mitchell St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1

Immediate cause (a) Toxic Inanition

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Melano Carcinoma rt. arm

DUE TO (c)

Interval Between Onset And Death: 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/17/51

19b. MAJOR FINDINGS OF OPERATION: Melano-carcinoma non pigmented of arm

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16/, 1951, to 2/14/, 1953, that I last saw the deceased alive on 2/12, 1953, and that death occurred at 1.20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. T. B. Ambler M.D

ADDRESS Easton Md

DATE SIGNED 2/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 2/17/53

NAME OF CEMETERY OR CREMATORY [redacted] Cemetery

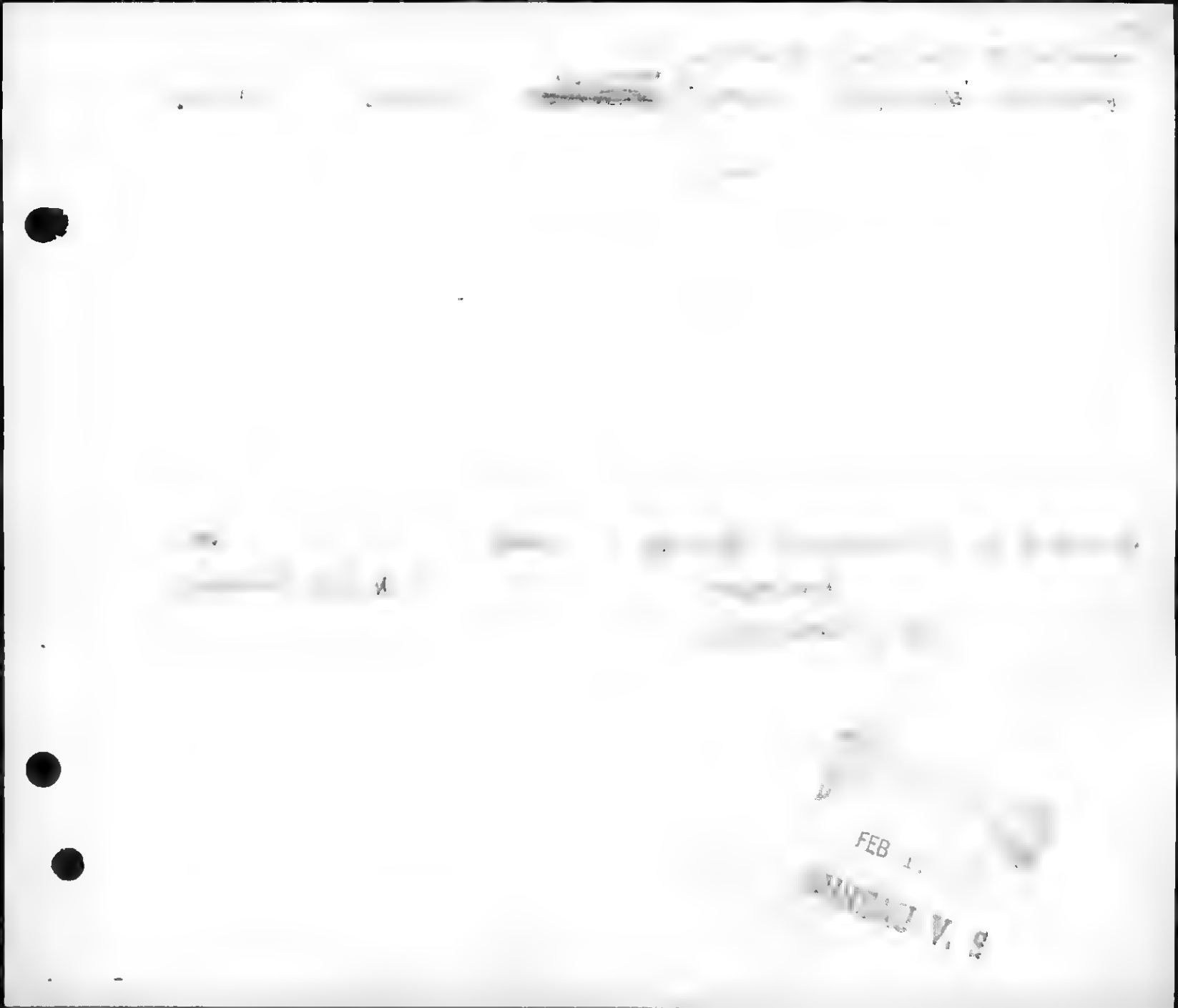
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR Feb 18, 53

REGISTRAR'S SIGNATURE Mrs Robt L. Seek

24. FUNERAL DIRECTOR J. Hamilton Harrison

ADDRESS St. Michaels Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2.

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, md
LENGTH OF STAY (in this place) 20 hrs - 13 mm
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital Easton, md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, md
STREET ADDRESS (If rural give location) 119 Hammond Street

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Potter DAWSON
4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 8 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): E.M.H. Easton Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Johnny Dawson
14. MOTHER'S MAIDEN NAME: Betty Lou Potter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Betty Lou Potter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
774X
Immediate cause (a) Prematurity
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Pathologist, 19 , to , 19 , that I last saw the deceased alive on , 19 and that death occurred at 2 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) Edward C. H. Schmidt M.D. ADDRESS Memorial Hospital DATE SIGNED 13 Feb. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/11/53
NAME OF CEMETERY OR CREMATORY Richardson
LOCATION (City, town, or county) Easton, (State) md.
DATE REC'D BY LOCAL REGISTRAR 2/10/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR James B. Darkiell, ADDRESS Easton, md.

2023203180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 19 19[illegible]
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: EASTON
LENGTH OF STAY (in this place): 2 Month.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Convalesant Home - Goldsboro Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) D. (Last) DOWNING

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Oct 1 1856

9. AGE last birthday: 96 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Supt. Dimond State Fiber Co.

11. BIRTHPLACE (State or foreign country): Downingtown Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas S. Downing

14. MOTHER'S MAIDEN NAME: Eliza Valentine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Clarence A. Lane. St. Michaels Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420 1 Immediate cause	(a) Coronary Thrombosis	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary arterio sclerosis	(?)
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 51, to 9 Feb, 19 53, that I last saw the deceased alive on 1 Feb, 19 53, and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (DEGREE OR TITLE) M.D. ADDRESS Easton Md DATE SIGNED 10 Feb 53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF 2/11/53 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 2/10/53 — REGISTRAR'S SIGNATURE N. H. Reeves

24. FUNERAL DIRECTOR L. Hampleton Harrison — ADDRESS St. Michaels Md

VS. A15 8-51

RECEIVED
FEB 13
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]19

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tasley, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Embody

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 21, 1884

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farmer (Farmer)

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Nathaniel Embody

14. MOTHER'S MAIDEN NAME: Rebecca Bickhast.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 181-09-9625

17. INFORMANT & ADDRESS: Mr Gage Ellis Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) ~~DUE TO~~ Coronary arteriosclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Myocardial infarction

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work [ ] Not While At Work [ ] HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 , to ..., 19 , that I last saw the deceased alive on ..., 19 , and that death occurred at ... from the causes and on the date stated above.

SIGNATURE (Degree or Title) Edward M. D. ADDRESS Memorial Hospital DATE SIGNED 3.20.1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2.17.53 — NAME OF CEMETERY OR CREMATORY Mt. Zion — LOCATION (City, town, or county) Chester Co. (State) Pa

DATE REC'D BY LOCAL REGISTRAR 2/14/53 — REGISTRAR'S SIGNATURE N.A. Merrill

24. FUNERAL DIRECTOR Maurice E. Newnam & Son — ADDRESS Easton

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) E. (Last) Frampton

4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 11.17.1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Richard L. Clark
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. May Lennum Tilghman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
421.2 Immediate cause	(a) Acute Dilatation heart	6 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic valvular heart disease	20 yrs
	(c) Arthritis Deformans	15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to Feb 27, 1953, that I last saw the deceased alive on Feb 27, 1953, and that death occurred at 9.45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lucy M Reese Md. Tilghman Talbot Md

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 3/1/1953
NAME OF CEMETERY OR CREMATORY Tilghman Methodist
LOCATION (City, town, or county) Tilghman (State) Md

DATE REC'D BY LOCAL REG. Feb 28, 53
REGISTRAR'S SIGNATURE Mrs Dorothy L. Delk
24. FUNERAL DIRECTOR J. Lewis Moore Tilghman Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston
STREET ADDRESS (If rural give location) RFD #1 Box 26

3. NAME OF DECEASED: (Type or Print) (First) Gabriel (Middle) Wesley (Last) Friend

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-10-91
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm & Factory
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hooper Friend
14. MOTHER'S MAIDEN NAME: Annie Holly day

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-14-4039
17. INFORMANT & ADDRESS: Mae O. Friend (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

650.0

Immediate cause (a) Leemia — Interval Between Onset And Death: 2 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hydronephrosis — 18 mos

DUE TO

(c) Pyelonephritis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inanition — 4 wk

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1951, to 2/18, 1953, that I last saw the deceased alive on 2/17, 1953, and that death occurred at 8 50 Am, from the causes and on the date stated above.

SIGNATURE Henry B. Pennington (Degree or title) M.D. ADDRESS Preston Md DATE SIGNED 2/18/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 2-21-53
NAME OF CEMETERY OR CREMATORY Mt. Pleasant
LOCATION (City, town, or county) Near Preston (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/19/53
REGISTRAR'S SIGNATURE N.H. Nevin
24. FUNERAL DIRECTOR J.J. Frampton Son Federalsburg ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 27 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 71 R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova
STREET ADDRESS (If rural give location) Box 71 (R.F.D.)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) C. (Last) Harris Sr.

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jim Harris
14. MOTHER'S MAIDEN NAME: Debie Harris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. John Harris, Cordova Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
481X
Immediate cause (a) Epidemic Grippe
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 5 days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis Probably 6 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1953, to 2/23, 1952, that I last saw the deceased alive on 2/21, 1953 and that death occurred at 11 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) E. Paul Dutton MD
ADDRESS Newton Md
DATE SIGNED 2/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-26-53
NAME OF CEMETERY OR CREMATORY Newtown Cemetery
LOCATION (City, town, or county) Cordova (State) Md.
DATE REC'D BY LOCAL REGISTRAR 2/24/53
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B. Darbiell, ADDRESS Easton, Md.

VS. A18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2131

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton. R.F.D. #3. Box 178
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William. (Middle) Lacey (Last) Harris.

4. DATE OF DEATH: (Month) February. (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12/26/81.
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George Washington Harris
14. MOTHER'S MAIDEN NAME: Alexzine Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Saphronia Harris (Same)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of Stomach

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 4 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19..., that I last saw the deceased alive on ....., 19..., and that death occurred at 12 20 p.m. from the causes and on the date stated above.

SIGNATURE Pathologist (Degree or title) Edward C. W. Schmidt, M.D. ADDRESS Easton Memorial Hospital DATE SIGNED 6 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/8/53
NAME OF CEMETERY OR CREMATORY Sandtown
LOCATION (City, town, or county) Denton (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/7/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 421 South St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md
STREET ADDRESS (If rural give location) 421 South St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Authum (Last) Hawkins Jr.
4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Sept 13, 1931
9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Cannery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A. Hawkins Sr.
14. MOTHER'S MAIDEN NAME: Rosa Warrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-26-2586
17. INFORMANT & ADDRESS: Charles A Hawkins Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X Immediate cause (a) Pneumonia Lobar Malaria — Interval Between Onset And Death 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

260X) (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus Since Childhood.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1953, to 2/19, 1953, that I last saw the deceased alive on 2/14, 1953, and that death occurred at 6.45 PM, from the causes and on the date stated above.

SIGNATURE Frank E Mason (Degree or title) M.D. ADDRESS 18 W Dover St Easton Md DATE SIGNED 2/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-22-53
NAME OF CEMETERY OR CREMATORY New Town Cemetery
LOCATION (City, town, or county) Cordova, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 2/20/53
REGISTRAR'S SIGNATURE N. H. Merrill
24. FUNERAL DIRECTOR James B. Dashiell, ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2133

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbott County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbott
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) (Last) Hooper
4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-23-1936
9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labour
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Lee Hooper
14. MOTHER'S MAIDEN NAME: Lucille Jenkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Melvin Johnson (Friend) St Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

785.2

Immediate cause (a) Pulmonary Embolism — Interval Between Onset And Death: immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) abdominal ascites severe — 4 wks

DUE TO

(c) unknown.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2-21, 1953, to 2-28, 1953, that I last saw the deceased alive on 2-28, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 3-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/2/53
NAME OF CEMETERY OR CREMATORY Leland N C
LOCATION (City, town, or county) Leland (State) N C
DATE REC'D BY LOCAL REGISTRAR 2/28/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR James B. Darkiell, ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2134

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Hubbard
4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: May 1, 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr. James Tilghman Hubbard
14. MOTHER'S MAIDEN NAME: Julia Anna Harris
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Miss Emily Hubbard - (niece) S. Aurora Street, Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1
Immediate cause (a) Cardiac failure due
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Calcified aortic valve
DUE TO
(c)

Interval Between Onset And Death
(?)
(?)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec, 1952, to 2 Feb, 1953, that I last saw the deceased alive on 2 Feb, 1953, and that death occurred at 6:00 A, from the causes and on the date stated above.
SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 4 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/4/53
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Centreville (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/3/53
REGISTRAR'S SIGNATURE N. H. Nevius
24. FUNERAL DIRECTOR [signature]
ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

213

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton.
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Q. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queen Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Shirley (Middle) (Last) Kennedy

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH:
9. AGE last birthday: 7 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen Mooney
14. MOTHER'S MAIDEN NAME: Elizabeth Kennedy

16 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Stephen Mooney Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

401.3

Immediate cause (a) Heart Failure — acute rheumatic fever — Interval Between Onset And Death 1 wk

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic Heart Disease (chronic) - Mitral Stenosis ?

DUE TO

(c) + insuffs, fibrinous pericarditis, myocarditis + endocarditis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3, 1953, to 2-9, 1953, that I last saw the deceased alive on 2-9, 1953, and that death occurred at 10 15 p.m., from the causes and on the date stated above.

SIGNATURE John L Baybutt (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 2-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb. 13 m NAME OF CEMETERY OR CREMATORY Sandtown LOCATION (City, town, or county) Hillsboro (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/10/53 REGISTRAR'S SIGNATURE N. H. Neeres 24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

FEB
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 29

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels — LENGTH OF STAY (in this place) 25 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) V (Last) Matthews

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1908

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Packing

11. BIRTHPLACE (State or foreign country): Laurel, Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary Tingle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Louise Hyland - St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Rheumatoid Arthritis, Chr.

DUE TO

Antecedent cause(s) (b) Acute Coronary Disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Also Hypertension & Hemiplegia

INTERVAL BETWEEN ONSET AND DEATH: 7 mos ago & 2.3.53

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) xxxxx (CITY OR TOWN) (COUNTY) (STATE) xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1953, to Feb. 3, 1953, that I last saw the deceased alive on Aug. 15, 1952, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE Philip B. Lewis (DEGREE OR TITLE) M.D. ADDRESS St. Michaels, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/5/53

NAME OF CEMETERY OR CREMATORY No Name

LOCATION (City, town, or county) (State) Concord, Delaware

DATE REC'D BY LOCAL REG. Feb. 5, 1953

REGISTRAR'S SIGNATURE Mrs Ralph L. Beck

24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS St Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 19 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 24 N. Harrison St.

3. NAME OF DECEASED: (Type or Print) (First) Carolyn (Middle) H (Last) Mills

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-9-76

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Joel Mills

14. MOTHER'S MAIDEN NAME: Laura Lilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mrs. S. Virginia Bayard

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic coronary disease — ?

DUE TO (c)

420.1

170X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma left breast — 8 yrs

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . . . 19 . . , to 2/17, 19 53 that I last saw the deceased alive on 2/17, 19 53, and that death occurred at 7:10 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS Easton Md — DATE SIGNED 2/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/20/53 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/19/53 — REGISTRAR'S SIGNATURE M. A. Norris — 24. FUNERAL DIRECTOR John S. Williams — ADDRESS Easton Md

VS. A15

RECEIVED
FEB 24 1952
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03290

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michael
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Emily (Last) Newman

4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov 26, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HW
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Mr. Levi Roe
14. MOTHER'S MAIDEN NAME: Frances Camper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr Edward T. Newman / Son

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
526X
Immediate cause (a) Pneumonia
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchitis
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 and that death occurred at from the causes and on the date stated above.
SIGNATURE Orthologist (Degree or title) Alphonse M.D. Memorial Hospital ADDRESS DATE SIGNED 4 March 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-2-53
NAME OF CEMETERY OR CREMATORY Young Hill Cemetery
LOCATION (City, town, or county) Easton Md (State) Md
DATE REC'D BY LOCAL REGISTRAR 3/ /53
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR John D. [illegible] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIS

I

MAR 13 1953

Items 5,9,10,14 FilmG153 4/16/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton.
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Piner (Middle) Nichols (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: —

9. AGE last birthday: 80? yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Nichols Sr.

14. MOTHER'S MAIDEN NAME: Mary J. Wright

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Piner Nichols Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X

Immediate cause (a) Uremia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertrophy of Prostate

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31, 1953, to 2/2, 1953, that I last saw the deceased alive on 2/2, 1953, and that death occurred at 5-5-37, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward C. Kemp M.D. ADDRESS Memorial Hosp. DATE SIGNED 3 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried

DATE THEREOF Feb 5-53

NAME OF CEMETERY OR CREMATORY Spring Dell Cemetery

LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/4/53

REGISTRAR'S SIGNATURE M.A. Nevins

24. FUNERAL DIRECTOR (or Person acting as such) Wiegand Funeral Home

ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Longwoods
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) (Last) Ockimey

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1953

5. SEX: male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 4-7-81
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Edna Hines (daughter) 118 S Hanson St Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

526 X

Immediate cause (a) Pneumonia DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchectasis DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 ..., to ..., 19 ..., that I last saw the deceased alive on ..., 19 ..., and that death occurred at 9 25 A.M., from the causes and on the date stated above.

SIGNATURE Pathologist C. A. Schmidt M.D. (Degree or title) ADDRESS Easton Memorial Hosp. DATE SIGNED 21 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/23/53
NAME OF CEMETERY OR CREMATORY Richardsons
LOCATION (City, town, or county) Easton Md (State)
DATE REC'D BY LOCAL REGISTRAR 2/21/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR James B. Darbiell, Easton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MAR 3 1 73
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton Trappe Rural
LENGTH OF STAY (in this place) 13
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe. Rural.
STREET ADDRESS (If rural give location) Martins Point Farm.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (Last) Roberts.
4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1953.

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 5-31-1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Laborers
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Roberts
14. MOTHER'S MAIDEN NAME: Ellen Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mary Potts 119 Port St. Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cardiac failure
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO

(c) Neophroselerosis

Interval Between Onset And Death: 3 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19.., to ..., 19.., that I last saw the deceased alive on ..., 19.., and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. C. H. Schmidt M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 18 Feb. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 2/20/53
NAME OF CEMETERY OR CREMATORY Trappe
LOCATION (City, town, or county) Trappe (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/17/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Herbert M. Sollers ADDRESS Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS OXFORD, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OXFORD, MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) V. (Last) Robins
4. DATE OF DEATH (Month) Feb (Day) 28 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JULY 21, 1861
9. AGE last birthday 91 yrs. If under 1 year Months 8 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) BALTIMORE MD.
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME ALBERT K. ROBINS
14. MOTHER'S MAIDEN NAME MARY E. BOWDEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS A. J. C. CARTER OXFORD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

45 Immediate cause (a) GENERALIZED ARTERIOSCLEROSIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC., 1952, to FEB., 1953, that I last saw the deceased alive on FEB-28, 1953 and that death occurred at 2:50 P.m., from the causes and on the date stated above.

SIGNATURE Donald F. Bartley (Degree or title) M.D. ADDRESS 9 N. Hanson St. Easton Md. DATE SIGNED 2-28-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/4/53
NAME OF CEMETERY OR CREMATORY Greenmount Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 3/2/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 54

CERTIFICATE OF DEATH

Reg. Dist. No. 290...

1 PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Crosby (Last) Schiller

4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1953

5. SEX: female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: July 17 1872 | 9. AGE last birthday: 80 yrs. | IF UNDER 1 YEAR Months 6 Days 19 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Belfast, Maine | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Crosby | 14. MOTHER'S MAIDEN NAME: Caroline Patterson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: None | 17. INFORMANT & ADDRESS: Morgan B. Schiller, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized Arterio-Sclerosis — Interval Between Onset And Death: 30 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)
(Dr. X)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS, CHOLELITHIASIS, MULTIPLE CEREBRAL THROMBOSIS | UNKNOWN

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY, 1952, to FEB., 1953, that I last saw the deceased alive on FEB. 5, 1953 and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald A. Bartley M.D. | ADDRESS Easton, Md. | DATE SIGNED 2-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb. 9-1953 | NAME OF CEMETERY OR CREMATORY Allegheny Cemetery | LOCATION (City, town, or county) Pittsburgh (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/6/53 | REGISTRAR'S SIGNATURE N. H. Nevins | 24. FUNERAL DIRECTOR John D. Williams | ADDRESS Easton Md.

VS. A15-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 241

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) JANE (Last) SEYMOUR

4. DATE OF DEATH: (Month) FEB (Day) 16 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JAN 6 1855
9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE JEWELL
14. MOTHER'S MAIDEN NAME: EMALINE FORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: GEORGE CONNER St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
331X Immediate cause	(a)	PNEUMONIA - HYPOSTATIC	72 HOURS
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	PARALYSIS - UNILATERAL - RIGHT	120 "
	DUE TO		
	(c)	CERABRAL VASCULAR ACCIDENT	120 "

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. DEHYDRATION AND CACHEXIA — MONTHS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1948, to FEB 16, 1953, that I last saw the deceased alive on 15 FEB, 1953, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE Arthur V. Mulholland M.D. (DEGREE OR TITLE) ADDRESS St. Michaels Md. DATE SIGNED 16 FEB 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 2/18/53
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Maryland

DATE REC'D BY LOCAL REG. Feb. 17, 53
REGISTRAR'S SIGNATURE Mrs Robt L. Belt
24. FUNERAL DIRECTOR NORMAN D. MARSHALL ADDRESS St. Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

FEB 13
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 week.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
STREET ADDRESS (If rural, give location) 105 Port St.

3. NAME OF DECEASED (Type or Print): (First) ETTA (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1953

5. SEX: F

6. COLOR OR RACE: B

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 3-25-90

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Talbot Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Pennington

14. MOTHER'S MAIDEN NAME: Sally Pansey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Alberta Silghman 412 Dover St Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
170X Immediate cause	(a) Metastatic Ca. of both lungs	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of left breast	2 + yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1953, to 2-17, 1953 that I last saw the deceased alive on 2-15, 1953, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: J. T. B. Ambler (Degree or title) M D. ADDRESS: 214 Dover St. Easton Md DATE SIGNED: 2/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-20-53 | NAME OF CEMETERY OR CREMATORY: Richardson | LOCATION (City, town, or county) (State): Easton Maryland

DATE REC'D BY LOCAL REG. 2/19/53 | REGISTRAR'S SIGNATURE: M. H. Meeres

24. FUNERAL DIRECTOR: James B Bashiell, Easton, Md. ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg. R.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Sylvester (Last) Smith
4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 29-1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Martin Smith
14. MOTHER'S MAIDEN NAME: Jennie Howell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-01-6426 ~~Unknown~~
17. INFORMANT & ADDRESS: Mrs Gladys M Smith, Federalsburg

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Essential hypertension
DUE TO
(c)

Interval Between Onset And Death: 6 hrs (?)

331X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Feb, 1953, to 23 Feb, 1953, that I last saw the deceased alive on 23 Feb, 1953, and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 23 Feb 53

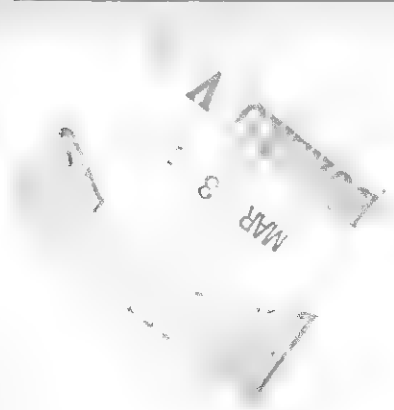
23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/26/53
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) Federalsburg (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/24/53
REGISTRAR'S SIGNATURE N. H. Neeris
24. FUNERAL DIRECTOR J J Krampton Son Federalsburg Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T


MAR 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2146

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) S. Washington

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Seidler (Last) Stickbury
4. DATE OF DEATH (Month) Feb. (Day) 7 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 11, 1874
9. AGE last birthday 78 yrs. If under 1 year Months 6 Days 26 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Bernard Seidler
14. MOTHER'S MAIDEN NAME Mary Warren
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS J. Hiram Stickbury, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arterio Sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diverticulosis — 8 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1940 to Feb., 1953, that I last saw the deceased alive on Feb. 6th, 1953, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William S. Seymour M.D. Easton Md. 2/9/53

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Feb. 9, 1953
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 2/8/53
REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR [illegible]
ADDRESS Easton Md

RECEIVED
FEB 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bellevue
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mariam (Middle) Attica (Last) Felgleman

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Mar 23 1905

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months 18 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Chapel-Easton R.D. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Felgleman

14. MOTHER'S MAIDEN NAME: Henrietta Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Henrietta Felgleman, Bellevue Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Acute Coronary Disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chr. Rheumatoid Arthritis

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Several hrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. History of Epileptoid Convulsions age of 5 yrs

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) OF INJURY None (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐ No

HOW DID INJURY OCCUR? No injury

22. I hereby certify that I attended the deceased from Feb. 6 53 to Feb 6, 53, that I last saw the deceased alive on Mar 52, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS St. Michaels, Md DATE SIGNED 2.6.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF Feb 10 1953 NAME OF CEMETERY OR CREMATORY Chapel Cemetery LOCATION (City, town, or county) (State) Easton R.D. Md.

DATE REC'D BY LOCAL REG. 2/7/53 REGISTRAR'S SIGNATURE N.A. Nevins

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md.

VS. AJF 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD I

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY TALBOT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
STREET ADDRESS (If rural give location) Route I

3. NAME OF DECEASED: (Type or Print) (First) Harriett (Middle) Townsend (Last)

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-11-69
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months 2 Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Viney
14. MOTHER'S MAIDEN NAME: Debbie Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mr. Howie Townsend Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174x

Immediate cause (a) DUE TO Carcinoma of Uterus

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 3 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastasis to Liver + Brain

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: no
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no
(CITY OR TOWN) no (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19.., that I last saw the deceased alive on 2-10., 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE A. McP. Stevens (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 2-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-11-53
NAME OF CEMETERY OR CREMATORY Unionville Cemetery
LOCATION (City, town, or county) Easton, R.F.D. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/11/53
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B. Darwell, ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place) 1 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) Corner South + H

3. NAME OF DECEASED: (Type or Print) (First) Nickolas (Middle) (Last) Tucker
4. DATE OF DEATH: (Month) (Day) (Year) February 13 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2-25-1866
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House Carpenter - Building & Repairing
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Mr. Thomas Tucker
14. MOTHER'S MAIDEN NAME: Sarah Hammond

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Taken from old hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arteriosclerosis, generalized — Interval Between Onset And Death: yrs

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11/1953 to 2/13/1953 that I last saw the deceased alive on 2/13/1953 and that death occurred at 8:10 AM, from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Easton Md DATE SIGNED: 2/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-16-53
NAME OF CEMETERY OR CREMATORY: Sandy Hill Co
LOCATION (City, town, or county): Easton (State): Md

DATE REC'D BY LOCAL REGISTRAR: 2/14/53
REGISTRAR'S SIGNATURE: N.H. Neerfa
24. FUNERAL DIRECTOR: John D. Williams
ADDRESS: Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

FEB 1
BUREAU V

Item 9 FilmG151 3/2/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) HENRY (Last) WALLACE

4. DATE OF DEATH: (Month) 2 (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Talbot

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Wallace

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-09-8777

17. INFORMANT AND ADDRESS: Hattie Wallace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Pneumonia — Interval Between Onset and Death: 2 wks

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic cardiac failure — 6 mos

(c) Arteriosclerotic cardiovascular disease —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19, 1953 to 2-23, 1953, that I last saw the deceased alive on 2-23, 1953, and that death occurred at 5:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M D St Michaels Md 2-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 2/25/53 — NAME OF CEMETERY OR CREMATORY St Michaels — LOCATION (City, town, or county) (State) St Michaels Md.

DATE REC'D BY LOCAL REG. 2-25-53 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR — ADDRESS Thomas V Mendall St Michaels, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]15.

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Talbot — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton

STREET ADDRESS (If rural give location): Washington ST.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MRS. Mary		Wallace	2	8	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widowed	March 2, 1898	54 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Md	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Mr. William T. Ward	Ida V. Leonard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Mr. William G. Ward Easton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Hepatic Cirrhosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Anemia, Secondary — DUE TO

(c)

Interval Between Onset And Death: (a) 5 yrs. (b) ? (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/6/, 1953, to 2/8/, 1953 that I last saw the deceased alive on 2/8/, 1953, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE: B Cat (Degree or title) M D — ADDRESS: Easton Md — DATE SIGNED: 2/9/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2/10/53	Hickory Hill	Easton Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/9/53	M.D. Meeres	Elliott Lowe	Easton Md

VS. 15-1

FEB
RU
V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 215

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) 2 hrs 40 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longwoods
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Warrick.
4. DATE OF DEATH: (Month) Feb (Day) 23 (Year) 1953
5. SEX: male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Feb 23, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min. X
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Memorial Hosp Easton Md
12. CITIZEN OF WHAT COUNTRY: U S A
13. FATHER'S NAME: Elton Mills
14. MOTHER'S MAIDEN NAME: Amelia Warrick.
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Amelia Warrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776x

Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 10.45 am from the causes and on the date stated above.

SIGNATURE Edward C. H. Chmiel (Degree or title) M.D. ADDRESS Carton Memorial Hosp DATE SIGNED 24 Feb. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb. 23, 53 NAME OF CEMETERY OR CREMATORY Newtown LOCATION (City, town, or county) Longwood (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/23/53 REGISTRAR'S SIGNATURE N. H. Nevius 24. FUNERAL DIRECTOR James B. Wasnells ADDRESS Easton Md

2023181180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Claiborne
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Claiborne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) M. (Last) West

4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan 30, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Reuschling
14. MOTHER'S MAIDEN NAME: Rosa Wirth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Charles H. West. Claiborne Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 153X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) malnutrition, dehydration	several wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) adenocarcinoma - abdomen - metastatic	3 yrs
	DUE TO (c) adenoca. sigmoid	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7-28, 1952 to 2-28, 1953, that I last saw the deceased alive on 2-28, 1953, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) Md. ADDRESS St Michaels Md DATE SIGNED 3-2-53

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~: Burial
DATE THEREOF March 2, 1953
NAME OF CEMETERY OR CREMATORY Springhill Cemetery
LOCATION (City, town, or county) Easton (State) Maryland.
DATE REC'D BY LOCAL REG. Mch 2, 53
REGISTRAR'S SIGNATURE Mrs Ralph R. Seth
24. FUNERAL DIRECTOR S. Hampleton Harrison, ADDRESS St. Michaels. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MAR 3 1953

MARYLAND STATE DEPARTMENT OF HEALTH

02154

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
LENGTH OF STAY (In this place) 9 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) (Last) JOHNSON White
4. DATE OF DEATH (Month) 2 (Day) 2 (Year) 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 12, 1922
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer on farm
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Penn
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel White
14. MOTHER'S MAIDEN NAME Martha Seth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Evelyn Johnson (White)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825x

Immediate cause (a) Crush syndrome - multiple injuries — 9 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1-28-53
19b. MAJOR FINDINGS OF OPERATION Ruptured ileum
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) hi-way
(CITY OR TOWN) nr. Centerville (COUNTY) QA (STATE) Md
TIME OF INJURY (Month) 1 (Day) 24 (Year) 53 (Hour) c4A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident - pinned under car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.* 1:25 AM

SIGNATURE Louis J Watty MD (Degree or title) D M E ADDRESS Easton Md DATE SIGNED 2-2-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 5/53
NAME OF CEMETERY OR CREMATORY Centreville
LOCATION (City, town, or county) Centreville (State) Md

DATE REC'D BY LOCAL REG. 2/4/53
REGISTRAR'S SIGNATURE N. H. Neerier
24. FUNERAL DIRECTOR J Virgil Moore & Son ADDRESS Denton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 10 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02155

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Easton. — LENGTH OF STAY (in this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY T. a.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mr. Wye Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Constance (Middle) Marie (Last) Wilkins

4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH:

9. AGE last birthday: 2 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joshua Wilkins

14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

057.0

Immediate cause (a) Meningitis, Meningococci

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adrenal Hemorrhage

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work [ ] Not While At Work [ ] — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19..... and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Attending M.D. — ADDRESS Memorial Hospital — DATE SIGNED 14 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb 16, 1953 — NAME OF CEMETERY OR CREMATORY Carmichael — LOCATION (City, town, or County) (State) Carmichael, Md.

DATE REC'D BY LOCAL REGISTRAR 2/14/53 — REGISTRAR'S SIGNATURE N.H. Nevius

24. FUNERAL DIRECTOR J. Virgil Moore Son — ADDRESS Denton, Md.

RECEIVED
FEB 27
BUREAU V. S.